

TRAVEL EXPENSE CLAIM

FD-262 (REV. 10/92)

See Instructions and *Privacy
Statement On Reverse Side

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CLAIMANT'S NAME Kathryn Radtkey Gaither		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Governor's Office	
POSITION Undersecretary		CB/D NUMBER		DIVISION OR BUREAU Office of the Secretary of Education	
RESIDENCE ADDRESS 121 L Street		HEADQUARTERS ADDRESS 1121 L Street #600		INDEX NUMBER 131	
CITY Sacramento		STATE CA		ZIP CODE 95814	

DATE	TIME	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE MILES AMOUNT		
1	0500	Sacto/Washington DC	281.67	6.00	7.00	18.00	3.14			65.00		14.95	395.76
1		Washington DC	281.67	6.00	10.00	18.00	6.50			40.00		14.95	377.12
2		Washington DC	281.67	6.00		18.00	4.99			29.00		14.95	354.61
3		Washington DC	281.67	6.00		18.00	7.42					14.95	328.04
4		Washington DC/Sacto		6.00	7.00	6.88	6.88						26.76
SUBTOTALS			1126.68	30.00	24.00	78.88	28.93			134.00		59.80	1482.2

COLUMN CODE (AGENCY USE ONLY)

CLAIM TOTAL

\$ 1482.29

(1) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

6/31/10 - 6/4/10 Submit RTTT Application, Meeting with US Secretary Duncan, Meeting with Olyvia

Rodriguez with Sen. Feinstein, Met with Chariman Millers senior education committe staff, Cerin

Indgrensavage & Patrick Scandling with Sen. Boxer, Chris Perry of Rep. McKeon's, & James Bereron with

House Education Committee. Attended Fixing American Education Summit.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

DATE

6/9/10

(15)

PAYMENT

DATE

6/9/10